Boys & Girls Clubs
A good place to be

Subsidy/Fee Adjustment Application

Parent/Guardian Name: _____

Address: _____ Unit/Apt #: _____

City: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Request: Payment Plan Partial Subsidy Full Subsidy

Program: _____

Location: _____

Name of child(ren): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Total Family income: _____ /year # of dependants in household: _____

Total family income = all income earners in family, all income sources (rental, employment income, government assistance, etc.

Support documentation is required. Copies of income tax, T4's, pay stubs, etc. Please attach.

Having completed this application form, I hereby state that the information given is complete, valid and accurate.

Applicant Signature: Date:

Office Use ONLY

Time period to which fee adjustment is applied: _____

Fees before adjustment: _____ Subsidy Bracket: _____

Staff Authorization: _____ Date: _____